



Solid Waste Hauler Information Sheet

(Please provide any attached sheets if necessary in answering the questions below).

Company Name _____

Address _____

_____ City _____ State _____ Zip Code

Phone: _____ Business _____ Mobile _____ Fax

Contact Person/Title _____ / _____

24-Hour Emergency Contact Person/ Phone _____ / _____

How many residential customers do you serve: Single Family Units _____

Multi-Family Units _____

Multi-Family complexes _____

Attach a list with the following information for each of the neighborhoods, subdivisions, apartment complexes you serve:

1. Name
2. Location
3. Day(s) of week serviced and frequency if other than weekly service (if collection day or frequency is different for recycling or yard trimmings provide day and frequency for those services)
4. Number of single family homes or apartments serviced
5. Size, type and number of containers (include solid waste and recycling)
6. Indicate if the entire neighborhood/complex is under a single contract and if so, provide the expiration date.

List the main roadways you use serving the city. **(Attach list)**

When you finish your route in Johns Creek, do you go to another community to pick up waste?

____ Yes ____ No ***If yes, where?***

1. _____
2. _____
3. _____
4. _____
5. _____

When you enter the city, is your truck empty? ____ Yes ____ No

If no, where are you coming from and whose waste are you carrying?

1. _____
2. _____
3. _____
4. _____
5. _____

When you complete your route in Johns Creek, is your truck full? ____ Yes ____ No

If no, where do you go next?

1. _____
2. _____
3. _____
4. _____
5. _____

List the type of equipment you use and its weight:

_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)
_____ (equipment)	_____ (weight)

How many commercial customers do you serve at least weekly? _____

(Include schools, multi-family, churches, institutions, office buildings and businesses served with commercial or industrial containers at least weekly)

List the businesses you serve. **(Attach list if needed)::**

1. Name _____ Location _____
2. Name _____ Location _____
3. Name _____ Location _____
4. Name _____ Location _____
5. Name _____ Location _____
6. Name _____ Location _____

What are your days of service for Commercial? _____

Check the following services you provide in the City of Johns Creek:

____ Residential curbside pick-up 1 time\week How many? _____
____ Residential curbside pick-up 2 times\week How many? _____
____ Residential back door pick-up weekly How many? _____
____ Recycling Residential
____ Recycling Commercial
____ Separate yard trimmings collection Residential
____ Separate yard trimmings collection Commercial
____ Residential Junk \ Bulky Waste removal
____ Commercial _____ Dumpster _____ Roll-off _____ Other _____
____ Hazardous waste pick-up _____ Household _____ Commercial
____ Restaurant food, oils/grease
____ Construction/debris
____ Other _____ **(please list type of service)** _____

List the recyclables you collect **(Please attach list by residential, commercial, and apt. complexes)**

What is your fee?

\$ _____ Commercial (Once per week service for 6 CY dumpster)

\$ _____ Residential (Once per week 90 gal solid waste cart, 30 gal recycling cart, yard trimmings collection, and monthly bulk waste collection)

What additional fees/surcharges do you impose?

____ Fuel Surcharge
____ Administrative Fee
____ Car fee
____ Other (describe what this additional "other" fee is)

Do you bill _____ Monthly _____ Quarterly _____ Annually?

Do you provide any additional waste services not mentioned? _____ Yes _____ No

If yes, what are they? _____

List the name and location of each facility you deliver waste collected in the City of Johns Creek waste to.
(If a transfer station is used, also identify the facility used for final disposition of waste)

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

List below the tonnage of waste you collect on an annual basis per each waste service:

Municipal Solid Waste _____

Yard Trimmings _____

Recycled materials _____

Bulk Waste _____

Appliances/white goods _____

Construction/debris _____

Hazardous materials _____

Tires _____

Paint _____